



Home School Re-Enrollment 2025-26
For Students enrolled in 2024-25

Student Information:

Name: _____ Current Grade: _____

Street Address: _____

Mailing Address (if different): _____

Parent/Guardian Information:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

_____ **Would like in-seat if available.**

Sibling Information:

Name of Sibling: _____ Current Grade: _____

This form demonstrates your intention of attending SFCS and guarantees re-enrollment if returned by
April 7, 2025.

NOTE: If this form is not returned by April 7, 2025 your spot is not guaranteed.

Parent/Guardian Signature

Date

Satisfaction Survey

Please indicate your level of overall satisfaction with SFCS:

Very Satisfied

Satisfied

Not Satisfied

Comments/Kudos/Complaints: _____